

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	87		08-14-01
O.I.P.E. CLASSIFIER	Lov	32	8/20
FORMALITY REVIEW	S:	1021	69/14/01
RESPONSE FORMALITY REVIEW			

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INDEX OF CLAIMS

- | | | | |
|---|--------------------------------|---|--------------|
| ✓ | Rejected | N | Non-elected |
| = | Allowed | I | Interference |
| — | (Through numeral) ... Canceled | A | Appeal |
| ÷ | Restricted | O | Objected |

Claim	Date
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Claim	Date
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Claim	Date
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If more than 150 claims or 10 actions
staple additional sheet here

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PoY